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**CERTIFICATE OF FACSIMILE TRANSMISSION TO THE
UNITED STATES PATENT AND TRADEMARK OFFICE**

DATE: February 28, 2005

TO: Examiner: Paschall, Mark H. : **RE: U.S. Patent Application**
Art Unit: 3742 : **Serial No.: 10/608,178**
Fax: (703) 872-9306 : **Applicant: Douglas Allen Riddle et al**
From: Rozell Williams : **Atty. Dkt. No.: 9D-HL-19990 (13307-189)**

DOCUMENTS SUBMITTED WITH TRANSMISSION:

- Amendment Transmittal (3 pgs.)
- Amendment in Response to Office Action dated December 30, 2004 (24 pgs.);
- Certificate of Facsimile Transmission (1 pg.)

Total pages including cover page: 28

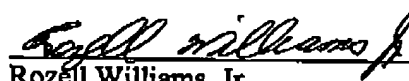
If all pages are not received, please contact: Lisa at Ext. 7447

RE: The above referenced U.S. Patent Application
Title: CLOTHES DRYER APPARATUS AND METHOD
Filed: June 27, 2003

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that these papers are being facsimile transmitted to the U.S. Patent and Trademark Office, Facsimile Number (703) 872-9306 on the date shown below.

Date: February 28, 2005


Rozell Williams, Jr.
Reg. No. 44,403

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*Via Facsimile (703) 872-9306*9D-HL-19990
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Douglas Allen Riddle et al. :
Serial No.: 10/608,178 : Art Unit: 3742
Filed: June 27, 2003 : Examiner: Paschall, Mark H.
For: CLOTHES DRYER :
APPARATUS AND METHOD :

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:

Amendment Transmittal (3 pgs.)
Amendment in Response to Office Action dated December 30, 2004 (24 pgs.);
Certificate of Facsimile Transmission (1 pg.)

STATUS

2. Applicant

 Claims small entity status.
 X is other than a small entity.

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is, on the date shown below, being:

MAILING
 Deposited with the United States Postal Service
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Addressee" in an envelope addressed to: Commissioner
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FACSIMILE
 X Transmitted by facsimile to the Patent and
Trademark Office at (703) 872-9306.

Date: February 28, 2005


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EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) _____ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
_____ First month	\$ 120.00	\$ 60.00
_____ Second month	\$ 450.00	\$ 225.00
_____ Third month	\$1,020.00	\$ 510.00
_____ Fourth month	\$1,590.00	\$ 795.00
_____ Fifth month	\$2,160.00	\$1,080.00

Fee: \$ _____

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

_____ An extension of _____ months has already been secured. The fee paid therefor \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$

OR

- (b) X Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)		SMALL ENTITY	OTHER THAN SMALL ENTITY
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA		ADDITIONAL RATE FEE	ADDITIONAL RATE FEE
TOTAL INDEP.		MINUS		=		x \$9 = \$	x \$18 = \$
		MINUS		=		x \$43 = \$	x \$86 = \$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						+ \$145 = \$	+ \$290 = \$
						TOTAL ADDITIONAL FEE \$	OR TOTAL ADDITIONAL FEE \$

- (a) X No additional fee for claims is required.

OR

- (b) _____ Total additional fee for claims required \$

FEE PAYMENT

5. _____ Attached is a check in the sum of \$ _____
 _____ Charge Deposit Account No. 01-2384 the sum of \$ _____
 A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. X If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- X If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. _____ Other:

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